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Original Communications.

CASE OF GRAVES'S DISEASE.

Read before the Suffolk District Medical Society, January 25th, 1868, by F. I. KNIGHT, M.D.

A. S., a lithographic printer, 33 years of age, married, was born in Baden, and has been in America fifteen years. His father and mother, who had no disease resembling his own, had six children, two of whom died of diseases peculiar to females. One brother, who still lives in Germany, has a goitre, and another—in America—has developed cardiac disorder of some kind. The third brother has poor health. In youth, the patient was always strong, and had no serious sickness. He has always been near-sighted.

When 18 years of age, that is, twenty years ago, he began to notice some palpitation of the heart, and enlargement of the thyroid gland in its left lobe. He had experienced no fright, and knows of no particular cause for the trouble. These symptoms—the palpitation of the heart and the enlargement of the thyroid gland—have continued and gradually increased up to the present time, and the beating of the heart has sometimes been heard at a distance. He has never suffered much inconvenience from them till the past six months. He was accepted and served several years in the army at home, and also served three months in the U. S. Army during the late war. He had some fevers, but never rheumatism or disease of the kidneys. He says that he has had a little cough for a long time. It is sometimes increased by taking cold. He has never had hæmoptysis. For six months past he has been failing; he has lost much flesh and strength, and he has had an increase of cough, and considerable dyspnoea. For six weeks he has been unable to work.

On the 9th inst., he applied at the Dispensary on account of palpitation of the heart; he complained also that for fourteen days he had been dizzy, and had had spots flitting before his eyes, and that his eyes

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burned when he looked steadily at any object. He complained also of irritability of temper, and sometimes numbness of hands, arms and head. His face was thin, his cheeks flushed, and his eyes had a peculiar shining look. There was no appearance of anæmia, and no œdema. Irritation of the epidermis caused no remarkable phenomena. His pulse was weak, very rapid and very irregular, so much so as to render an accurate count impossible. His respirations were 24 in the minute, and his temperature 100° F. in the axilla. His appetite was capricious, and thirst excessive. His bowels and urinary organs performed their functions well. His sexual power was unimpaired. His sleep had been disturbed for the six months previous.

Directing now our attention to the organs apparently most affected, we find the following peculiarities:—No prominence of the præcordial region. The action of the heart much excited, and much increased on any exertion, bodily or mental. The apex is felt in the sixth intercostal space, half an inch to the left of the linea mammalis, and five inches to the left of the median line of the body. The area of cardiac dulness is found, by percussion, to be increased—the left border of the heart being ascertained to be about an inch outside the nipple. I had no opportunity of judging whether this area of cardiac dulness varies or not. There was increased pulsation in the carotid arteries. There was no jugular pulsation. There was no apparent expansion of the thyroid gland with the beat of the heart. There was some dilatation of the veins of the face, but not of the neck. On auscultation, there was no murmur over heart, thyroid gland or vessels of the neck. The first sound at the apex was becoming valvular in character.

Through the kindness of Dr. Buckingham, I was able to obtain a good sphygmographic record of the pulse, which had nothing peculiar about it, but conveyed an idea of the irregularity of the heart's action.

The thyroid gland was considerably enlarged in its left lobe; the isthmus and

[WHOLE No. 2094.]

right lobe were also somewhat affected. He naturally lay best on the left side. There was no modification of the voice. Examining now the eyes, we find no protrusion; no marked change in the eye on altering the position of the object looked at. Adaptation does not seem to cost an effort. There is no diplopia. There is no dilatation of the vessels of the conjunctiva. His pupils contract readily. There is no pain in the eyes; no strabismus. No change in the eyes has been noticed by his friends.

As oculists have noted changes in the retina in some cases of this affection, I requested Dr. Wadsworth, Ophthalmic Surgeon to the Dispensary, to make an ophthalmoscopic examination of this patient, which he did with the following result, as reported by himself:—"The pupils were widely dilated by atropia, when seen. There was nothing else in the external appearance of the eyes to draw especial attention to them. Media clear. There was a small atrophic crescent at the outer side of the left optic papilla, with deposit of pigment at its outer edge. In the right, a slight, ill-defined crescent, with pigment irregularly deposited, and the outline of the papilla irregular. The vessels in both were of normal size. No change in the region of the maculae. Tension normal. In the right eye, myopia about $\frac{1}{15}$; in the left, $\frac{1}{12}$ —determined with the ophthalmoscope, and so perhaps not quite exact. The acuteness of vision, determined rather roughly in the absence of lenses and test-types, was about $\frac{2}{3}$ in either eye. The field of vision was normal. Nothing was observed which might not occur in a case of ordinary myopia."

Examination of the lungs showed possible tuberculosis; which detracts from the interest which might otherwise attach to some of the symptoms—that of temperature, for instance—especially when we bear in mind that this affection was considered by Trousseau to depend on a lesion of the sympathetic.

The case is interesting—

1st. As occurring in a man. Out of fifty cases collected by Withuizen, a Danish writer, quoted by Trousseau, only eight were male subjects.

2d. On account of the entire absence of exophthalmus. Although any one of the three symptoms may be absent, they are generally all found to a greater or less degree, especially when the disease has continued any length of time.

3d. From the fact that the *left* lobe of the thyroid was first, and has always been most

affected. In the great majority of cases reported this has been true of the *right*.

4th. On account of the great irregularity of the heart's action. In most of the cases thus far reported, the action of the heart has been very rapid, beating 140 to 150 in the minute, but perfectly regular.

5th. There were no signs of anæmia, which was formerly supposed to be the exciting cause of the disease.

Lastly. On account of the long duration of the disease before causing the patient any great amount of trouble.

It may be asked why this is not a case in which goitre and cardiac enlargement have occurred in the same individual, irrespective of each other, and not depending on a common lesion. In a few words, I would answer—

1st. That the two affections came on together.

2d. The thyroid has not attained the enormous size usual in simple goitre of so long standing, but has pursued the course common to Graves's disease.

3d. There is no evidence of valvular disease of the heart, on which the enlargement might depend, nor yet of any of those conditions of the system (except the one under consideration) which in comparatively rare cases do produce enlargement of the heart without valvular lesion.

Reported to the Society March 28th, 1868.

At the meeting of the Society in January, I reported a case of Graves's disease which had recently fallen under my observation. The patient has since succumbed, and I am able to present to the Society some interesting details of an examination made after death. The patient entered the City Hospital January 15th. Having been permitted to inspect the Hospital Records, I find that, on Jan. 16th, he was put upon the use of Lugol's solution of iodine. Also, the unguentum iodinii compositum was ordered to be applied over the thyroid.

On the 20th, there being no change in the symptoms, and the patient complaining of weakness, syrupi ferri iodidi, m. xx. ter die, was substituted for the prescription of the 16th. The iodine ointment was, I presume, continued.

On Feb. 6th, I find this record:—"Since stay in hospital, sexual passion has become much increased—is anxious to gratify his desire; is therefore discharged, improved." I did not afterwards see him alive. He died very suddenly, at about 12, P.M., Feb. 14th.

The facts of his life worthy of note, additional to those already given, are that he improved under the syrup of the iodide of iron, and that his sexual desire became very strong.

It is said by Trousseau that iodine does good in *exceptional* cases. As the iodine and iron became separated in the system in the last preparation used, it may have been the iron rather than the iodine which benefited him, as this has perhaps oftener been known to do good in such cases. Sexual power is said to be often impaired in this disease. What our patient's power may have been we do not know, but it is interesting to know that his sexual desire was so strong as to lead him to ask his discharge from the hospital.

On the 16th, a *post-mortem* examination was made by Dr. C. W. Swan, Pathologist to the City Hospital. The cervical ganglia of the sympathetic were skillfully dissected by Dr. C. B. Porter, Demonstrator of Anatomy at the Massachusetts Medical College. Dr. Swan made the following notes:—

"Autopsy, 36 hours *post-mortem*. Body rapidly decomposing and offensive. Trunk considerably discolored, and cuticle desquamating. Rigor slight. Head not examined. *Thyroid gland* enlarged to the size of an average orange. This was mostly a unilocular cystic condition of the left lobe, the contents being thin, yellowish, serous fluid. The wall of the cavity was thin and unevenly coated with ragged fibrin, with here and there a bit of hard, calcareous matter. All the rest was normal, rather deep flesh-red gland-tissue, showing nothing peculiar under the microscope, but in an amount showing decided though not extreme hypertrophy. One or two small cysts were found in the thicker portions of the gland.

Heart.—Marked general dilatation. No valvular nor muscular disease. The organ was flabby from *post-mortem* change, and contained a few strings of coagula, with a moderate amount of dark, liquid blood.

Spleen.—Much enlarged; its capsule firmly distended by almost pulpy contents.

Kidneys.—Rather large, soft, and dark colored, but not otherwise remarkable.

Lungs showed no trace of tubercular or other disease.

Intestines much distended by gases. Other organs not remarkable."

It is to be particularly noted that no tubercular disease was found, the possibility of which I said in my report of the case somewhat detracted from the interest which

might otherwise attach to one of the symptoms, viz., the elevation of temperature.

A very careful microscopical examination of the cervical ganglia of the sympathetic was made by Dr. S. G. Webber, who thus reports:—

"The ganglia were put in glycerine, and, after several days, examined. The left lower ganglion was broader than the right. The nerve fibres were diminished in number and size in proportion to the amount of connective tissue in the left lower ganglion as compared with the right. The left lower ganglion also showed a deficiency of nerve cells. They were also much smaller in size than in any of the other ganglia. They were not so strongly pigmented as on the right side, hence many may have escaped notice. The cells of the middle and upper ganglia on the left side were rather smaller than those in the corresponding ganglia on the right side, but the difference was not so marked as in the lower ganglia. In most of the sections from all the ganglia were masses of pigment apparently without cell-walls. No fat globules were seen anywhere. The nerve fibres from the left sympathetic, just above the middle cervical ganglion, were in many instances less than .0001 inch broad; some were larger. On the right side, many were .0002 inch; a very few only were so small as .0001, most being between .0001 and .0002 inch. The cells in the several ganglia measured as follows:—

Left upper ganglion.

.0012 by .0010 inch.	.0014 by .0008 inch.
.0013 by .0011 "	.0008 by .0008 "
.0009 by .0007 "	.0009 by .0006 "
.0013 by .0010 "	.0011 by .0006 "
.0012 by .0007 "	.0015 by .0011 "

The mean of these ten measurements is .00116 by .00084 inch.

Left middle ganglion.

.0014 by .0009 inch.	.0009 by .0006 inch.
.0015 by .0010 "	.0014 by .0008 "
.0013 by .0007 "	.0012 by .0008 "
.0012 by .0011 "	.0008 by .0007 "
.0009 by .0007 "	.0007 by .0007 "

The mean of these ten measurements is .00103 by .00080 inch.

Left lower ganglion.

.0008 by .0006 inch.	.0010 by .0006 inch.
.0010 by .0005 "	.0010 by .0007 "
.0007 by .0004 "	.0007 by .0004 "
.0010 by .0010 "	.0009 by .0009 "
.0008 by .0005 "	.0007 by .0006 "

The mean of these ten measurements is .00086 by .00062 inch.

Right upper ganglion.

·0014 by ·0010 inch.	·0010 by ·0009 inch.
·0012 by ·0011 "	·0010 by ·0008 "
·0015 by ·0011 "	·0011 by ·0009 "
·0013 by ·0009 "	·0013 by ·0011 "
·0011 by ·0008 "	·0013 by ·0011 "

The mean of these ten measurements is
·00122 by ·00097 inch.

Right middle ganglion.

·0012 by ·0010 inch.	·0015 by ·0008 inch.
·0011 by ·0008 "	·0011 by ·0006 "
·0011 by ·0011 "	·0014 by ·0010 "
·0014 by ·0011 "	·0011 by ·0009 "

The mean of these eight measurements is
·00124 by ·00091 inch.

Right lower ganglion.

·0010 by ·0010 inch.	·0016 by ·0011 inch.
·0015 by ·0012 "	·0018 by ·0009 "
·0011 by ·0009 "	·0014 by ·0007 "
·0014 by ·0013 "	·0013 by ·0011 "
·0012 by ·0008 "	·0017 by ·0011 "

In several sections of this ganglion there was a much larger proportion of fusiform cells than in any of the other ganglia.

The mean of the preceding ten measurements, which were of cells the nearest round, is ·00140 by ·00101 inch.

Comparing the mean of these measurements of the cells of the several ganglia of the two sides and we have:—

Left.	Right.
Upper—·00116 by ·00084	·00122 by ·00097
Middle—·00103 by ·00080	·00124 by ·00091
Lower—·00086 by ·00062	·00140 by ·00101

It is worthy of note that Dr. Webster commenced the examination supposing that the right lobe of the thyroid had been chiefly affected, and that the changes in the nervous system, if any were found, would be most marked on the right side. It was only after obtaining the above results that he felt convinced that the reverse must have been the case, in which it gave me pleasure to confirm him. These results accord generally with those obtained in a case reported by Trousseau, in which was found a "predominance of connective tissue, and a diminution of the nervous elements." The inferences of Trousseau I will transcribe in brief:—

"Exophthalmic goitre is, in my opinion, a neurosis of the sympathetic, if not a complaint attended with a material lesion of the ganglionic nervous system. This neurosis gives rise to local congestions, the proximate cause of which is a modification of the vaso-motor apparatus."

"In the language of the German school, hyperæmia may lead to exudation of a plasma, in which the elements of cellular tissue get developed, namely, nuclei, fusi-

form cells and fibres; there is proliferation of the connective tissue, and then one of two things may happen—either the proliferation goes on and the connective tissue becomes changed into fibrous tissue, which, from its exuberant growth, as much as from the contractile force with which it is endowed, determines constriction of the parenchyma; or it undergoes retrograde changes, becomes infiltrated with fat globules, and finally converted into adipose tissue. In the former case, cirrhosis is the result; in the second, fatty degeneration."*

ADHERENT PLACENTA.

By H. E. WOODGUY, M.D., Washington, D.C.

THE rarity of this complication of labor renders it one of real interest to the medical practitioner. It is stated that in 343,670 cases of labor there were 881 in which the placenta was retained, in only 95 of which was it morbidly adherent. Rate of mortality, 1 in 6.

I transmit you the following history of a case that came under my care, for publication in your excellent Journal, with the hope that its perusal may elicit the views of others who may have had a more extensive experience in the treatment of such cases.

The patient, Mrs. C—, aged about 35, was a woman of stout build, and excellent constitution. She was confined, and gave birth to her second child, May 29th, 1866. The pains commenced at 3, A.M., of that day. She informed me that her previous labor, about two years before, was a natural one, in every respect. I was summoned to attend her at 6, A.M., three hours after the first pain. I found her sitting in her rocking chair, her pulse much fuller and stronger than usual—but nevertheless quite regular. The pains returned at short intervals, but were not severe. At 7, A.M., I made my first examination, and found the os uteri soft, moist, and dilating kindly.

As the pains had increased in severity and rapidly, at 8 o'clock I made a second examination, and ascertained that all was progressing satisfactorily, and that the vertex presented. All went on well, and at 9.45, finding that the membranes had done their work—the os tincæ being fully dilated, and the head well engaged in the superior strait—I ruptured them. This was followed by a very slight discharge of liquor amnii—not more than two ounces. The

* Bazire's Translation.

small amount of the water led me to anticipate some complication. The pains continued to increase in force and frequency, after the waters were discharged, until 10.15 A.M., at which time the head passed the outlet. Finding the funis coiled several times around the neck, I proceeded at once to disengage it, but before I succeeded in doing so, a continuation of the pain that had forced the head through the outlet, expelled the body also.

After I had disposed of the child, I took hold of the cord, and making very gentle traction, endeavored to promote uterine contractions, in order to have the placenta expelled. No pains followed. I then resorted to the various methods for producing this effect, but all to no purpose. At 10.50 gave one drachm of wine of ergot: repeated the dose at 11—and at 11.10. From the birth of the child at 10.15 up to this time, the uterus had been entirely inert. At 11.15 I passed my fingers well into the os, which I found fully dilated, and took therefrom a clot of blood, as large as a hen's egg. Deeming it now time to interfere, and remove the placenta at once, as there was no indication that this would be done *vi natura*, I introduced my hand well anointed with lard into the uterus. This was attended with some pain to my patient. Upon moving my fingers gently around, in order to find the edge of the placenta, I found it so firmly adherent to the uterine walls, that I could not discover where the junction was, until at a point of the fundus very high up, I detected a small opening between the maternal surface of the placenta and the wall of the womb. Into this I insinuated my fingers, and had to use very considerable force to separate the strongly adherent placenta. The operation very forcibly reminded me of the tearing away the lung from the pleura, in old adhesions of that organ. As soon as I had succeeded in detaching a considerable portion of the placental mass (which occupied probably ten minutes), a strong pain came on which expelled the placenta and my hand at the same time. During the entire operation I was making pressure with my left hand upon the abdominal walls. As soon as the placenta came away, the uterus contracted kindly, and I applied the binder as closely as I could. There was no unusual hæmorrhage.

I then examined the placenta, and found it complete, save at a few points, where portions as large as a chestnut seemed to be missing. The lochia were discharged naturally, and the patient made an excellent recovery. The ninth day she sat up in bed.

From the twelfth she passed a portion of each day in her rocking chair, and by the twenty-first day was convalescent.

This case seemed interesting to me, from the fact that the lady had experienced no pain, nor other unusual symptoms, during her pregnancy. Neither had she met with any accident.

Obstetrical writers account for these morbid adhesions of the placenta, by supposing that a false membrane is formed, the consequence of inflammatory action existing in the uterus. It is further stated that the same complication generally follows an injury during gestation, in which case the patient suffers pain during her pregnancy. It may also follow accidental hæmorrhage near the close of term. My patient had experienced none of these mishaps. She was entirely unconscious of any cause that might have produced it.

The only other cause of this complication, with which I am acquainted, I am sure was not present in this case; viz., an abnormal condition of the mass itself. This may be studded with tubercular deposits—*spiculæ* of bone, &c., may be strown on the maternal surface; sometimes it may be cartilaginous—sometimes unnaturally soft. None of these conditions were present in my case. The placenta was perfectly normal.

This case suggested to me the following queries.

1st. May this complication occur, and the woman experience no inconvenience from it, during the period of gestation?

From the history of this case, it would seem so.

2d. What relation did the small amount of liquor amnii bear to the complication? Does it stand to it, in the light of a *cause*, or an *effect*?

3d. Is it for the patient's advantage to interfere and remove the placental mass early in such cases? I believe that the rapid recovery of the lady in this case, fully justifies the early interference of the practitioner, in all cases of *adherent placenta*.

January 1, 1868.

CASE OF SUCCESSFUL REMOVAL OF A TAMARIND SEED FROM THE TRACHEA BY TRACHEOTOMY.

MR. EDITOR,—The following case has been of interest to me, and I send you a brief account, to be used in any manner you may deem best.

Willie H., aged 5 years. On the evening of January 25th, 1868, was eating

tamarinds; while crying and begging his parents for more, one of the largest seeds slipped through the glottis into the trachea, giving rise to the usual alarming symptoms. I was summoned in haste, and, on my arrival, found the patient suffering from great dyspnoea, with a livid countenance, and sobbing piteously for relief. Emetics, and the inversion of the body, as recommended by some authors, were resorted to, but without relief. Explorations with the finger and a probang met with no better success. Inspection with the laryngoscope was not deemed practicable.

Seeing no hope of giving relief from any other source, tracheotomy was advised. The parents not consenting, a consultation was held, at which it was thought advisable to delay, hoping that the obstruction might be coughed or thrown up.

Jan. 26th.—The patient passed a restless night. No sleep, and refuses to take nourishment. An unfavorable prognosis was given.

27th.—Paroxysms of dyspnoea growing more alarming, and increasing in frequency. Pulse rapid, and countenance expressive of extreme distress. Deglutition difficult; cannot be persuaded to take any food. Neck much swollen.

As the symptoms were now growing more and more grave every hour, and suffocation seemed imminent, consent was given for an operation. Preparations were accordingly made. With the assistance of Dr. J. C. Dorr, the patient was etherized and placed on a table, with the head thrown back and securely held. I then made an incision, commencing below the cricoid cartilage and extending to within half an inch of the sternum. The fascia and integuments were carefully divided with the point and handle of the knife, and the trachea laid bare. After waiting a short time for the hæmorrhage to cease, three rings were divided with a small scalpel. This was followed by a small discharge of laudable pus and muco-purulent matter tinged with blood. The ether was now withheld, and the patient placed upon the left side, when, after one or two efforts at coughing, the stone was ejected, with considerable force, through the opening. The relief experienced by the patient was instantaneous and complete, and afforded the greatest satisfaction to the parents. But little hæmorrhage was encountered, and no ligatures were required. The edges of the wound were approximated by four sutures and adhesive straps.

28th.—The patient's condition is much improved. The wound looks healthy.

The treatment consisted in keeping the patient quiet, beef-tea and nourishing drinks.

At the present time (Feb 25th), three weeks from the operation, the wound has entirely closed, and the voice is restored. Previous to the accident, there was a mild form of bronchitis. After the operation the cough and expectoration were somewhat increased, but no pain was complained of, and he has continued steadily to improve.

Very respectfully yours,

H. H. PILLSBURY, M.D.

Medford, Feb. 25, 1868.

Hospital Reports.

MASSACHUSETTS GENERAL HOSPITAL.

Surgical Operations for the week ending March 14th.
Reported by MESSRS. THOMAS WATERMAN, JR., and
H. H. A. BEACH.

1. *Removal of Wire after Operation for united Fracture of the Tibia.* Dr. R. M. HODGES.

2. *Fistula in Ano; Incision.* Dr. GEO. H. GAY.

3. *Exuberant Granulations about an old Stump of a Tooth.* Dr. R. M. HODGES.—Granulations excised, and the stump extracted.

4. *Amputation of Toe.* Dr. H. G. CLARK.—Toe amputated for a bunion and exostosis of several years' duration.

5. *Wound of Scalp.* Dr. H. G. CLARK.—Patient had his scalp cut by a glass bottle, one week ago. Hæmorrhage had persisted ever since at intervals. The wound was enlarged, and the bleeding vessels secured by ligature.

6. *Polypi of the Urethra and Cervix Uteri; Excision.* Dr. R. M. HODGES.—Patient aged 35, married. Had never been pregnant, and her catamenia had been regular until three months ago, since which time they had not appeared. About two months ago, she discovered a very slight protrusion from the vagina. There had been no hæmorrhage. An examination disclosed a pendulous tumor, three quarters of an inch in length and one third of an inch in diameter, attached to the posterior margin of the meatus of the urethra; also, a similar tumor, about one third of an inch long and two lines in diameter, extending from the os tincæ and attached near its margin. Both were removed by scissors, and the lips of the wound made by the removal of the tumor at the margin of the urethra brought together by a single suture. No hæmorrhage.

7. *Re-amputation of Leg.* Dr. H. G. CLARK.—This was the first case reported in the JOURNAL of Feb. 6th. On account of violent and persistent pain in the stump, periostitis and necrosis, the leg was re-amputated, and one and a half inches of the bones sawed off.

8. *Tumor of the Infra-orbital Region; Excision.* Dr. R. M. HODGES.—Male, aged 60. The growth first made its appearance twenty-two years ago, just below the left eye. It gradually increased, with occasional lancinating pains, until it caused so much deformity and inconvenience, on account of the obstruction of vision, that he applied to an irregular practitioner for relief. It was partially removed by caustics, but soon after again commenced to increase, and, last August, opened spontaneously and discharged a bloody fluid. It again commenced to enlarge, and, upon entrance, there was found, just below the lower eyelid, a lobulated, semi-elastic tumor, protruding an inch beyond the normal level of the cheek, and whose lower border was on a line with the border of the left ala of the nose; internally, it was bounded by the nose, whilst externally it reached a line drawn vertically from the external commissure of the eyelids. At its summit, there was fluctuation in a diameter of half an inch. The left nostril was not obstructed, and vision was normal when the growth was pushed downward. The lower eyelid was not involved. A curved incision was made through the integument from a point half an inch below the external angle of the orbit to the articulation of the superior maxilla with the frontal bone, and about two drachms of a clear and gelatinous fluid evacuated from the point where there was fluctuation. The flap formed by the incision was reflected, and the solid portion, which was pale and friable, dissected from its adhesions. It extended one third of an inch beyond the border of the orbit, appearing to be connected with the periosteum of the superior maxillary, nasal and lachrymal bones. Six vessels were tied, and the wound closed by sutures.

9. *Wen of the Cheek; Excision.* Dr. R. M. HODGES.—Male, aged 33. A small tumor, of the size of a pea, appeared below the malar bone, midway between the nose and ear, two years ago. It had gradually increased, without pain, until, upon entrance, it was of the size of a large grape, fluctuated, and was deeply adherent. A semi-lunar incision of an inch and a half was made through the integument, and the flap thus formed dissected up, exposing an

encysted tumor, which was easily dissected out.

10. *Dislocated Shoulder; Reduced.* Dr. H. G. CLARK.—Male, aged 50. Three weeks ago, while walking rapidly, he struck his left shoulder violently against the door-post. On examination, the roundness of the shoulder was gone, the deltoid was tightly stretched, the elbow could not be brought to the side, nor could the hand be placed upon the opposite shoulder. The head of the humerus was felt in the axilla, beneath the coracoid process. After etherization, the patient was laid upon the floor, extension made with the arm above the head, and counter-extension by the foot on the top of the shoulder. This failed; the adhesions were then broken up by powerfully rotating and abducting the humerus in all directions. Extension was then made as before, by two strong men, with all their might and a heel in the axilla; this failed after a prolonged trial. Extension then being made at an angle of 45° away from the body, with the knee of the surgeon in the axilla, the head of the bone resumed its place in the glenoid cavity. It slipped out again easily, but it could be replaced by a slight effort. The arm was then firmly bandaged to the side, and a pad placed in the axilla, the forearm and elbow being supported by a sling.

[To be continued.]

BOSTON CITY HOSPITAL.

Record of Medical Cases, by J. BAXTER UPHAM, M.D.,
one of the Visiting Physicians.

ACUTE BRIGHT'S DISEASE.

CASE I. — *Unfavorable hygienic conditions—Intemperate habits—Pain in epigastrium and loins—Moderate cough—Puffiness and pallor of face—Edema of lower extremities—Slight ascites—Urine diminished in quantity, varying in specific gravity, highly albuminous, with epithelial scales and casts—Gradual improvement under treatment—Recovery.*—J. C., laborer, aged 30; born in Ireland; nine years in this country; admitted into hospital Dec. 6th, 1865. He gave the following account of himself on admission:—

General health had been good; no known hereditary disease; had a fever when 11 years old—no illness since; has been in the habit of drinking, though he says not to excess. Place of residence damp and unhealthy. Three weeks ago, caught cold, to which he dates commencement of present trouble; the following week took to bed, with pain in epigastrium, cough and

some bloody expectoration. In a day or two, he resumed his usual occupation, but on Sunday, Nov. 27th, again took to his bed; this time with pain in renal region, and swelling of face, hands, abdomen, feet and legs. Reports that he has frequent micturition, with diminution in quantity of urine. Has now, on admission, a somewhat waxy look; clean, moist tongue; pulse 60, of moderate volume; respiration 24, with slight cough and white frothy expectoration; diminution of appetite; a dull pain in abdomen and lumbar region. There is oedema of feet, legs, thighs, scrotum and penis; some little ascites, and puffiness of face. He was ordered a warm bath, pulv. ipecac. et opii, gr. x. nocte; rest in bed. Next day, there having been no dejection since entrance, he was ordered a powder consisting of pulv. jalap gr. viij., potas. bitart. gr. xvi. To be repeated, if necessary.

On the 8th, on examination of the urine, it was found to be light colored, with an acid re-action, having a specific gravity of 1018, holding in suspension a light, flocculent cloud, precipitating, under the action of nitric acid, a copious amount of albumen. On microscopic examination, epithelial cells discovered; no casts, blood or pus-corpuscles. Heart-sounds somewhat muffled and confused.

Patient was put upon mild diuretics, consisting of a combination of squills with digitalis in limited doses; mucilaginous drinks and a somewhat generous diet allowed. This treatment was continued for three days at a time, when it was omitted, and tinct. ferri sesquichlor., to the extent of gtt. xv. ter in die, was substituted; and this alternation of tonics with mild diuretics was continued throughout the course of the disease. There was added dry friction to the extremities, and a vapor bath two or three times a week, as occasion seemed to require.

On the 19th, examination of the urine showed a specific gravity of 1022, and some slight diminution in amount of albumen. Under the microscope, there were seen epithelial scales and a few tubular casts, mixed with blood-corpuscles.

On the 24th, patient appeared improved in all respects. Still complained of dull pain in region of kidneys. Urine in the twenty-four hours, twenty-eight fluid ounces by measurement, light yellow in color, turbid, with slight flocculent deposit; less pallor and puffiness of face; appetite good; pulse 56, regular and of moderate strength; respiration easy and natural. After sitting up, oedema of legs became somewhat in-

creased. Tinct. ferri sesquichlor. now increased to gtt. xx. ter in die.

Jan. 5th.—Urine examined, with the following result:—Specific gravity 1024; albumen present in apparently same quantity as heretofore; diminution of granular casts; no pus or blood; twenty-eight ounces passed in the twenty-four hours. Patient feels generally better; has hemicrania on left side; tongue clean; surface moist, natural; pulse regular.

From this time, the tinct. ferri sesquichlor. increased to gtt. xxx. ter in die, alternating every three days with a diuretic of squills and digitalis as heretofore.

The perspiratory function had now become fairly established, vapor baths were continued once or twice a week; urine became free and increased in quantity—on the 9th it was thirty-six, and on the 10th thirty-eight ounces, by measurement.

14th.—There was marked diminution of oedema of lower extremities and of ascites. For the most part free from pain in the renal regions.

Feb. 2d.—Albumen in the urine much diminished in amount. Patient appears in all respects improved.

27th.—Urine but slightly turbid, showing a very small amount of flocculent deposit. Specific gravity, 1018; albumen in diminished amount; under microscope, epithelial scales, but no casts.

March 17th.—Patient is now able to assist in the ordinary duties of the ward. His face has become ruddy and natural in appearance; anasarca has wholly subsided; appetite good. He is free from pain; all functions appear normal. Feeling himself able to resume his work, he was discharged from the Hospital.

CASE II.—*After exposure to cold and damp*
—*Anasarca, ascites, dyspnoea, slight lumbar pains—Albuminous urine, with diminished specific gravity, granular casts—Rapid amelioration of symptoms—Recovery.*—W. M., aged 32; married; native of Switzerland; a machinist by trade; admitted to Hospital Nov. 14th, 1867. He was a man of large, stout frame, healthy parentage, and had himself, also, been in excellent health prior to present illness. Habits fair; thinks he caught cold in the middle of October last, from working in a damp cellar. On the following day he had pain in both hypochondriacs; a few days later, swelling of feet; oedema then extended to legs, scrotum and penis. The face also became pale and swollen and there was ascites. The urine has varied in quantity, being, as the patient says, sometimes more and sometimes less

than natural, and in color dark and muddy. Has had but little pain in the lumbar regions. At time of admission his skin was dry and harsh, and there was exacerbation of the symptoms above named, except that the swelling of the face had mostly subsided. Tongue clean; pulse 48; respiration difficult.

15th.—Urine of a muddy brown color; its specific gravity 1010; re-action acid; contains albumen in large amount, with abundance of granular and hyaline casts. It was learned that the patient, previous to his admission, had taken mercury in considerable amount, his mouth and gums having been kept sore for a week or ten days.

He was ordered a good diet and mucilaginous drinks. To take tinct. ferri sesquichl. gtt. xx. ter in die; pulv. Dov. grs. x. nocte. The symptoms above indicated varied in intensity from day to day, becoming sometimes aggravated and again relieved. There was added cough with nausea and occasional vomiting.

On 1st Dec., at morning, the right leg measured $17\frac{1}{2}$ inches in circumference at the calf; the left, $17\frac{1}{4}$. There was evidence of considerable fluid in the cavity of the abdomen, as well as in the chest.

A hot air bath was ordered twice a week, with gentle friction of the lower extremities daily, and the tinct. ferri sesquichl. increased to four doses per diem; a generous diet, but no liquors, allowed.

On the 6th, the patient reported himself more comfortable. Free diaphoresis had taken place. Measurements of the legs in the morning, at the same points as before, gave $15\frac{1}{2}$ inches for the right calf, and 15 for the left. Face less tumid. Pulse 65, somewhat irregular, soft, full, dicrotic. Dyspnoea still urgent; complains mostly of a dull pain in renal regions.

On the 12th, measurement of the right calf, at morning, $16\frac{1}{2}$ inches, at evening $17\frac{1}{2}$ inches. The patient had been sitting up several hours during the day.

Dec. 15th.—General anasarca diminishing. Oedema of lower extremities now confined to parts below the knee. Some color of face; moisture of general surface; bowels regular; no nausea or vomiting. Complains still of pain in renal regions. The same treatment was continued, with the addition of dry cupping to the loins.

23d.—Free diaphoresis; less oedema of extremities. Patient is walking about the ward, improved in all respects.

On the 30th, having been for several days employed in light occupations about the house, and feeling himself greatly improved

in all particulars, with good color and a healthy appetite, patient was at his own request discharged—to all appearance, well. It should be stated, however, that at this time albumen could still be detected in the urine; no blood or pus corpuscles to be found.

CASE III.—*After laborious occupation and exposure, drowsiness—Fatigue on exertion—Edema of legs—Slight ascites—Puffiness and pallor of face—Harsh, dry skin—Scanty and albuminous urine and diminished specific gravity—Improvement of symptoms—Recovery.*

P. K., aged 43; married; a porter and night watchman; admitted into Hospital, February 15, 1867. Has been a strong and vigorous man, with good general health, till present attack. No ascertainable hereditary tendencies to disease; has used whiskey freely, and occasionally to excess; worked hard and been up much at night.

Two weeks before admission first noticed tendency to drowsiness, with fatigue on slight exertion. A week later had swelling and puffiness of the ankles which, in course of two days, extended up the legs and thighs. Face next became puffy and swollen; some little ascites ensued.

At time of admission countenance pale and waxy; lips pallid; expression apathetic; intelligence not affected. Skin dry; natural in temperature. Tongue moist, with yellowish white coat. Pulse 52. Respiration 14; no appetite; considerable thirst; bowels constipated; urine scanty, specific gravity 1012, containing albumen in abundance. General anasarca.

Patient was ordered a warm bath at bed time, to be followed by friction over the whole surface of the body; a moderate cathartic and a diuretic, consisting of tinct. digitalis and squills.

21st.—Tongue somewhat swollen, thickly coated, dry and brown in centre, creamy white coat at sides. Skin dry and rough. Pulse 56, sluggish. R. Tinct. ferri sesquichl. gtt. xx. ter die; omit the digitalis and squills. Continue dry frictions to surface. May be allowed to drink freely of flaxseed tea. The treatment, from this time, consisted of the alternation of mild diuretics, as above, with tinct. ferri sesquichl. gtt. xv.—xx., 3 or 4 times daily, with occasionally a vapor bath and gentle friction to extremities; due attention being given to the condition of the bowels. The appetite soon began to reappear, anasarca diminished. Color returned to face and lips. The functions of the skin were resumed, and the patient gained slowly but surely in strength.

March 9th.—The notes are as follow :—Patient sitting up. Increase of color in face; lips more ruddy; tongue only slightly coated at base. Skin dryer than natural, less harsh to feel. General anasarca much diminished. Amount of urine increased, its specific gravity the same; albumen diminished. One or two hyaline casts seen in the field of the microscope.

17th.—Skin has become smooth and soft; perspiration established; still oedema of lower extremities. Patient now employed in light work about the ward.

From this time he continued to improve, and on the 26th, feeling himself able to resume his usual occupation, he was discharged. At this time his face and lips were ruddy in color; tongue clean; appetite healthy; and in other respects the patient was, to all appearance, well. Albumen was still present in the urine.

CASE IV.—*Exposure to cold and wet—Lumbar pains—Edema—Ascites—Pallor—Dyspnoea—Albuminous urine—Irrregular and increased action of heart—Pneumonia—Death—Autopsy.*—J. M., aged 48; married; a leather-dresser by trade, was admitted into Hospital, January 2d, 1868. No hereditary tendencies, so far as could be learned. Previous to present illness had always been well, with the exception of slight rheumatic attacks, and palpitations on exertion, with which he has of late years been troubled. Previous habits doubtful.

Four weeks ago, after exposure to cold and wet, complained of hoarseness and slight pain in lumbar regions. A week afterwards noticed some oedema of feet; since which the whole lower extremities, together with the scrotum, penis and abdomen, had become affected in a similar manner. He had considerable dyspnoea, occasioning insomnia and much distress; urine diminished in quantity. At time of admission the skin was dry but cool. Tongue moist; light brownish coat at base. Respiration labored. Pulse 92. Appetite poor. Thirst urgent. Bowels pretty regular. Urine dark-colored, acid, specific gravity 1027, containing albumen, about one-third in bulk; no casts. Abdomen somewhat enlarged, dull on percussion. (Edema of penis, scrotum and lower extremities marked. Action of heart tumultuous and irregular.

Ordered dry frictions to extremities. Tinct. ferri sequichlor. grs. xx. ter die; a hot air bath to be taken every second day. As nourishing a diet as patient can bear.

4th.—Pallor of face; dyspnoea; heart sounds intensified; rasping murmur filling up the interval between second and first

sounds, with an occasional intermission of pulse. Ascites; legs much swollen from thighs downwards, pitting on pressure. Has had three dejections from oil since yesterday. Was ordered to take occasionally spirit. æth. nit. gtt. xxx. in infus. of flax seed. In other respects treatment continued.

8th.—Analysis of urine shows similar results to those above stated.

13th.—(Edema of legs, by measurement, somewhat diminished. Urine thick, acid, specific gravity 1030; containing albumen and urates in large amount, with some appearance of pus.

17th.—Dyspnoea more marked. Heart's action exaggerated; a strong bruit masking second sound. Pulse 104, of moderate volume. Was ordered :—*R.* Tinct. digitalis, gtt. v.; tinct. scillæ, gtt. x.; cap. in aqua t. d.

18th.—Tongue redder than natural, free from coat. Severe paroxysm of dyspnoea during the night; urgent cough, with some bloody expectoration. On left side increased resonance on percussion, with increase of respiratory sounds; on right, resonance fair, with moist, coarse crepitus, extending over lower two-thirds of lung, most marked at side and back. Jacket poultice to affected side. Pulv. Doveri, grs. viij., nocte; beef tea. Previous treatment suspended, with exception of friction to lower extremities.

19th.—Exaggeration of symptoms of yesterday. To have brandy in milk punch through the day.

During the following night, the House Officer was called, who found the patient laboring under dyspnoea, accompanied by noisy, mucous râles; cold extremities, and a very weak, rapid pulse. Brandy was increased in frequency and amount. On the following day patient appeared in much the same condition. (Edema of lower extremities increased. Dyspnoea urgent.

During the two following days he continued to fail, and died at 12 M., Jan. 22d.

Autopsy, 14 hours after death, conducted by House Officer, Mr. Wm. E. Boardman, and by him reported, as follows :—General anasarca; rigor mortis marked. Head not examined. *Thorax*—right pleural cavity contained three pints of serum, in which floated masses of light yellowish lymph. No adhesions, except at extreme base to diaphragm. Lower lobe of lung entirely destitute of air, filled with blood and serum, very soft and friable. Upper lobes normal, as was the whole of the left lung. About three drachms of a pale fluid in the pericar-

dial sac. Heart very much hypertrophied and somewhat dilated. Valves apparently normal. The abdomen contained about a pint of serum. Right lobe of liver enlarged; the whole studded with small yellow spots; intervening substance dark in color; the organ generally quite friable. Fat found in abundance by the microscope. Spleen apparently normal. Right kidney normal in size; its cortical portion thin. Left kidney enlarged, somewhat friable, so that, without undue violence, its substance was fractured during removal. Under the microscope uriniferous tubes, filled with granules, containing also numerous fat globules. Large intestine contracted.

Reports of Medical Societies.

OBSTETRICAL SOCIETY OF BOSTON. SECRETARY,
HOWARD F. DAMON, M.D.

MARCH 7th, 1868.—The Society met at the house of Dr. Ayer, at 8, P.M., the President, Dr. Putnam, in the chair.

Dr. Cotting reported the case of an American woman whom he had lately attended in confinement. She was delivered, after a short labor, of her tenth child, on a Friday morning. On Sunday, her face was immensely swollen, especially in the parotid region, so that it appeared large and bloated. There was no ulceration of the fauces, and deglutition was performed quite readily. Monday, the swelling was more marked, and extended to the scalp and back of the head, but there was absence of color. Wednesday, the swelling had nearly subsided, and the patient was covered with the eruption of scarlet fever. She died yesterday, in an exhausted condition, three weeks after her confinement. She had slight diarrhoea after an injection. Her milk did not make its appearance. There were no uterine symptoms, but the lochial discharge was quite offensive. The urine was scanty and high colored.

Two sisters of this lady were sick with scarlet fever at nearly the same time that she was, and both recovered. One of these was present at the time of confinement. A son, aged 20, was taken down with scarlet fever last week. Subsequently, four other children had the fever. Their several attacks, together with those of the mother and aunts, constitute four groups.

The use of the speculum, its frequency and forms, were then discussed.

Dr. Putnam gave his preference for the

glass speculum, on account of the stronger light which it throws upon the parts; but was of the opinion that an ocular examination was not essential in the majority of uterine cases. He had, nevertheless, seen abrasions by this means which were relieved in a few days, and which he thought could not be detected by touch.

Dr. Lyman uses either the bivalve or quadrivalve speculum in his examinations, and thinks they are both valuable on account of the extent of surface which is visible through them, especially the four-valve speculum.

Dr. Lyman spoke of the use, or rather the abuse, of pessaries. He thought they were frequently introduced for the most trivial causes. He mentioned the case of a young lady of culture and refinement, who had consulted him with regard to a pain in the back and slight leucorrhœa. Another physician had persuaded her that it was essential that she should wear a horse-shoe pessary, and she had reluctantly consented to have him introduce it. There being some doubt in her own mind as to the propriety of this mode of treatment, she determined on consulting another physician. She consequently came to Dr. L. for this purpose. The pessary was removed. There was no prolapsus uteri; and the patient was very much relieved in a week, after the removal of the pessary, and the administration of iron.

Dr. Lyman also mentioned the case of a young married woman who had worn a pessary. She had tenesmus and sciatica; and her menstruation became more painful each month. She had no leucorrhœa, and did not become pregnant. The pessary was removed, and her sciatica left. There was still a good deal of soreness, and the speculum revealed an abrasion which had been made by the pessary. He did not consider the introduction of this instrument necessary in these and many similar cases. He thought that it was not uncommon for women to have an uneasiness at times about these organs; but that this alone did not justify the physician in the introduction of a pessary.

Dr. Putnam thought that no branch of medicine was more liable to abuse than the use of pessaries, the speculum, and vaginal examinations.

Dr. Ayer reported a case of triplets which he had lately had in his practice. The patient was a woman 30 years old, and weighed 109 pounds. Her labor was premature, she being at the seventh month of pregnancy. Her abdomen was very large, and

she complained of the distention. She had anorexia and insomnia. She was in some pain at 11, P.M.; an opiate was given by Dr. A., and at 5, A.M., he was again summoned, and found two children born. One of them was dead, and its back presented marked signs of lividity. The abdomen of the patient was found tense; and, by a vaginal examination, a bag of waters was detected and ruptured, and a third child was born. There were originally three placentae, which had become fused together. There were three bags of waters, there being two distinct discharges before the rupture of the third bag. The stillborn child weighed five pounds; the living ones weighed respectively six pounds, and six pounds and four ounces. They were all males. The aggregate weight of the three children was seventeen pounds and four ounces. The placenta weighed four pounds.

The practice of throwing astringent injections into the uterus was then made the subject of conversation.

Dr. Putnam thought there was but little danger in this practice, if the fluid was small in quantity, or the os uteri was well open and a double catheter was used.

Dr. Damon read the following notes of a case of atony of the uterus after delivery. The patient, a woman of thirty, was delivered by Dr. D., August 25th, 1863. The presentation, at that labor, was of the crest of the ilium. Meconium was passed several hours through the vagina, previous to the delivery, which was performed by version. The labor was nearly three days in its duration, as no interference was allowed by the friends until the patient had become quite exhausted. The child was a male, and weighed thirteen pounds. The circumference of its head was sixteen inches, and its length was twenty-three and a half inches. The uterus contracted, at that time, in the normal manner after a first labor, and the patient recovered rapidly.

Jan. 17th, 1865, the patient had a very short labor and a living child. She had no physician, as she was not sick more than an hour.

September, 1866, the patient was in labor from 11, A.M., until 2, P.M. The child was a male, and the feet presented.

Feb. 9th, 1868, this patient was again attended by Dr. Damon. She had a labor of nearly forty-eight hours, and was finally delivered with the short forceps, as the long ones of Hodge could not be applied when the head was high up, from want of room. The child was a female, and weighed twelve pounds. The circumference of the

head measured fifteen and a quarter inches, and the length of the child was rather more than twenty-two and a half inches. It had probably been dead more than a week, as the arm was covered with bullae. The placenta was quite friable. There was a large quantity of liquor amnii. There were no marked labor-pains, and ergot seemed to produce little or no effect upon the contractions of the uterus, although two drachms of the fresh powder were given, in divided doses, towards the end of the labor. There was no groaning, as is usual when a woman is in labor-pains. After delivery, there was complete atony of the uterus, and this organ remained in an uncontracted condition for nearly thirty minutes. The hand and arm were passed several times into the uterus, as far as the elbow, for the purpose of removing clots and exciting contractions. Previous to their introduction, they were plunged into water gradually made colder until nearly ice-cold. The fist was then slowly rotated in the uterus, and all clots carefully withdrawn. There was no unusual hemorrhage, nor shock to the nervous system. The patient sat up in bed, on the fourth or fifth day, and was about, out of doors, three weeks after her confinement.

Adjourned at 10, P.M.

Bibliographical Notices.

Atlas of Venereal Diseases. By A. CULLERIER, Surgeon to the Hôpital du Midi, &c. Translated from the French, with Notes and Additions, by FREEMAN J. BUMSTEAD, M.D., Prof. of Venereal Diseases in the College of Physicians and Surgeons, New York, &c. With one hundred and fifty Colored Figures. To be completed in five parts. Philadelphia: Henry C. Lea. 1868. 4to. Pp. 140.

This is probably the handsomest work of its class ever published in this country.

The Introduction traces the history of syphilis back to Sanscrit and Chinese writers, 2,600 years before Christ. Hippocrates, too, describes it.

This portion treats also of the virulence and contagion of the disease; and in numerous places Dr. Bumstead displays the dualist theory of the virus, and controverts the French author, who is a unitist, considering the poison but one.

The question of Inheritance is treated at considerable length and with ability by M.

Cullerier, and the pathological anatomy briefly touched on.

We then pass to Blennorrhagia, Blennorrhoea, and their innumerable complications, which complete the number. The style is clear and simple. The colored plates are extremely good; having many life-size figures.

While writing the foregoing we have received *Part Second*, issued with unusual promptitude. This number discusses, first, gonorrheal rheumatism, a disease which has always seemed to us an unsolved problem, whose more probable explanation was to be found in purulent absorption by the prostatic venous sinuses. Next it treats of Balano-posthitis, or Balanitis, the bugbear of the innocent, as much as of the guilty. Gonorrhea in the female is treated of at very considerable length under the separate heads of vulvitis, vaginitis, urethritis, metritis and ovaritis. Vegetations are illustrated superbly; and we are glad to see that the author considers them most frequently, non-venereal affections. Finally, we have soft chancre—a term which M. Cullerier retains, in preference to chancroid—partially treated of. The theories of unity and duality were exhausted in the First Part; and are not much touched on here. This number contains fifty pages of text, and five lithographic plates. The latter are even better than those in the first number; and were executed by Sinclair of Philadelphia. We would call attention to the curious statistics at the close, showing that *soft chancre* is more prevalent among the *lower classes*; and *hard chancre*, among the *higher*. *

RAPID UNION OF FRACTURE IN AN OLD MAN.

—Dr. Fayre reports the case in the *Med. Times and Gaz.*, of a very old man, a Hindoo, said to be 96 years of age, with transverse fracture of tibia and fibula a little above the ankle-joint. The foot was also bruised and excoriated. Ordinary side splints were applied; 18 days after the fracture he was able to bear his weight on the leg; a starched bandage was applied a day or two later, and exactly one month after the injury was received, he walked out of the hospital perfectly well. Dr. F. says, "he had been walking about the ward for several days, and became impatient, so I discharged him."

The graduating class of the Missouri Medical College, at St. Louis, on the 29th ult., numbered twenty-five. At the St. Louis Medical College, the number was forty-seven.

Medical and Surgical Journal.

BOSTON: THURSDAY, APRIL 16, 1868.

ELECTRO-PHYSIOLOGY.

WHAT relative part the peculiar forces which we combine under the name of electricity may play in the nervous stimulation and vital force of the living animal, has long been a problem which men of science have failed to solve.

Connected as they are by so intimate a resemblance, the nervous system and the nerves have often been likened to a battery and its conducting wires. Imagination has added to the real resemblances between the two. Such resemblances are the instantaneous transmission of stimuli; the insulation of the nerve-tubes and their unbroken communication with a central organ; their freedom from anastomosis, and the absolute loss of sensation and motion following the severing of the nerve from its ganglia of grey matter. It is reserved for later experiments and study, of which the book before us is a noble specimen,* to show that currents of electricity exist in the *muscles* of all animals, and give rise to many of the phenomena supposed to be due to the nervous system.

Under the name of the "Frog-current" we trace the history of muscular electricity from Galvani, through Matteucci and other experimenters, to DuRoi's Reymond. Our author considers the latter as the true discoverer of the "muscular current." And in summing up his own conclusions, Reymond uses the following language:—

"1. Currents, in all respects similar to the so-called frog-current, may be observed in any limb, of any animal, whether warm or cold-blooded. These currents in some limbs are directed upwards, as in the frog's legs, in others downwards. They are of different intensity in different limbs; but their intensity and direction are always the same in the same limb of different individuals of the same species.

2. The electromotive action on which

* *Electro-physiology and Therapeutics, being a study of the Electrical Phenomena of the Muscular Systems, &c.* By Charles E. Morgan, A.B. M.D. New York: William Wood & Co. 1868. 8vo. pp. 714.

these currents depend does not arise from the contact of heterogeneous tissues, as Volta supposed, for the different tissues—nerve, muscle and tendon—in an electric point of view, are quite homogeneous.

3. These currents are produced by the muscles. If any undissected muscle of any animal be brought into the circuit longitudinally, it generally exhibits an electromotive action, the direction of which depends on the position of the muscle on the galvanometer-circuit, according to the law which will be immediately stated. Thus, the current might be a downward, or it might be an upward one. The current of a whole limb is nothing but the resultant of the partial currents which are engendered by each muscle of the limb; and the frog-current, as well as the similar currents observed in other animals, is thus simply reduced to a *general muscular current*."

This subject is pursued by Dr. Morgan through five hundred pages of most abstruse research and experiment, not only in other animals, but also in studying the phenomena of electrical fishes.

An historical description of Electricity in all its forms of magnetism, galvanism, &c., occupies most of the remainder of the volume.

It is perhaps no subject for criticism that the therapeutical part, the practical application of the subject, is condensed into twenty-five pages.

The local stimulation by induction electricity, called by Duchenne, *faradisation localisée*, in honor of the English *savant*, is described, and illustrated by plates showing the distribution of the nerves, where they emerge to the surface.

We also find a notice of the treatment of cirroid aneurism by *galvano-puncture*, first employed by Pravaz in 1833, and revived by M. Abeille.

The *Electrolysis of Urinary Calculi* seems to us more curious than practical, since the calculus must be brought into the centre of the bladder, which is to be kept constantly filled with pure tepid water, and the stone exposed to the action of a strong battery.

The electro-chemical bath is dismissed in a few words. *Galvano-causty*, however, both in the form of the galvano-caustic

loop and of the galvano-moxa, seems to promise greater results. The other scientific applications of Electricity to medical purposes, are based, says Dr. Morgan, either on an incorrect *diagnosis* of disease, or an imperfect knowledge of electro-physiology. This is the closing sentence of a volume, the most learned and thorough in its treatment of the subject of electricity, ever published in this country. If such be the verdict of its author on the use of electricity in therapeutics, what a commentary is it on those half-educated, or even worse, charlatan *electricians*, male and female, who perambulate the country, and pretend to treat nervous diseases!

How potent and how mis-used an agent must this be! For we must reflect that we are as liable to err from imperfect knowledge of the disease, as of the remedy. To instance only the various forms of *paralysis*—general, local, anaesthetic, hyper-aesthetic, ataxic, degenerative, or accompanied by muscular (fatty) hypertrophy, which have been described of late years by Duchenne, Jackson, and many others—what a field for the abuse of an unknown remedy is here opened to us!

This is incomparably the most profound treatise on electricity we have seen. Its publication in America is an honor to its publishers and to us all. Unfortunately the author has died before his labors were fulfilled. Conscious how ill-qualified we ourselves are to review it, we have yet done so, although imperfectly, for two reasons; because our Journal has not space enough to give it an adequate criticism, and because we know not to whom among us to entrust it, as a critic.

BOSTON DISPENSARY.—The following are the statistics of this institution for the six months ending March 31st. The number of new patients at the Central office has been 6822, of which 4361 have been medical cases, and 2461 surgical, classified as follows:—Medical—men, 1184; women, 1705; children, 1472. Surgical—men, 784; women, 728; children, 949. The number of new patients in the Districts has been 5029, including 86 cases of midwifery, classified as follows:—men, 806; women, 1946; children, 2277. Number of recipes, 26,913; since July, 1856, 484,482. Number of patients since July, 1856, 219,669.

SAMUEL A. GREEN, M.D.,
Superintendent.

THE HYGIENICS OF BOAT RACING. — "It must be admitted that the athletic exercises of the Universities, rowing included, whilst they promote health and development of strength, do not give the same capacity for physical endurance that is afforded by a life of labor; and it is probable that the strongest member of a university crew would find his powers overtaxed by the ordinary day's work of a common waterman. Habitual labor is essential to the production of that quality of muscle which forms a basis for violent and long continued exertion. Such kind of muscle is not acquired even by weeks of training, and scarcely by regular gymnastics. Time is essential to its development, and it is but rarely found either in the scholar or the student, in whom its want is too often compensated by the stimulus of pluck and emulation; the nervous and muscular systems being supported temporarily by an effort of the will, leaving them weakened or permanently injured when the strain is over.

"The crews row in steady practice for a month, and submit for six weeks to a peculiar regimen; and the question is whether the training thus pursued will enable the heart and lungs to bear the strain of the race without the risk of injury. Before entering into this part of the argument it is necessary to observe that the action of rowing interferes more directly with the respiratory process, than almost any other exercise.

"In running—which, however, is equally liable to injurious excess—it is within the power of the voluntary muscles to regulate the rate of the respiratory movements; and it is well known that a well-expanded chest and rhythmic breathing greatly diminish the disturbing effects of exercise upon the heart and lungs. But in rowing, the chest is nearly always fixed, and the respiratory movements are only possible in the short interval of rest at the termination of the stroke. As the racing pace is forty strokes per minute, the rate of respiration is doubled, and the act itself, being necessarily shortened, is reduced to a mere involuntary gasp. Under these circumstances the lungs become rapidly congested, and the heart seriously oppressed.

"The system of training pursued at the universities, instead of making the men stronger in muscle, and more accustomed to violent exertion, has exactly the contrary effect. The best men fall off when the exclusive training exercise for the race begins. Under it a powerful man dwindles; and this not from 'training down,' as the phrase

goes; for the reduction is not in weight only, but in girth and tension and contractility of muscle, and in the stamina which gives endurance of fatigue. Nor is this surprising. There is a superstition that exercise 'takes too much out of a man;' and so, of twenty-four hours they lie in bed nine, and lounge about a dozen more; less than an hour being devoted daily to really active work. And then as to diet: this and that article are supposed to be bad for wind, and so the ordinary wholesome and varied food is put aside, and the meals of half-cooked beef and mutton are helped down by toasted bread. The most natural demand of the body is seriously restrained; water is not allowed, and the quantity of fluid taken as beer or tea is not regulated by the degree of thirst, which is the natural monitor, but by an empirical rule, which is supposed to suit all constitutions alike. In fact, instead of training the whole body into a well-balanced condition of perfect health, and the heart, lungs and muscles to peculiar exertion, the university system seems based upon some crude ideas of getting rid of flesh, and of resting in order to reserve the natural powers of the body for the last great struggle. No wonder that when it comes they are seriously distressed. We have ourselves observed the condition of the crews at the termination of a race. The men look utterly exhausted. Their white and sunken features and pallid lips show serious congestion of the heart and lungs; and the air of weakness and lassitude makes it a marvel how such great exertion should have been so nobly undergone. We have repeatedly seen the after ill effects—spitting of blood, congested lungs, and weakness of the heart and great vessels from over distention of their walls; and we are therefore of opinion that some restrictions should be put upon the candidates for boating honors, and that the regulations for training should be based upon scientific principles, rather than upon the crude dogmas of a blind experience."—*The Lancet*.

THE *Richmond Medical Journal*, one of our best medical monthlies, under the editorial management of Dr. E. S. Gaillard, the price of which is \$5 a year, is offered to the subscribers of this JOURNAL, through the liberality of Dr. G., on such reduced terms that the two works will be furnished for \$7 a year. Orders may be sent to this office.

APPOINTMENT.—Dr. Wm. B. Mackie has been appointed one of the Physicians to Out-patients at the City Hospital.

Selections and Medical Items.

THE MIDWIFERY OF THE ESQUIMAUX.—Dr. Smith, late Surgeon of the whaler *Diana*, gave the following account at the Obstetrical Society of Edinburgh:—

An Esquimaux woman, when in labor, is confined in a small but carefully provided for the occasion; the carcass of some animal, generally a dog, is enclosed with her, and she is left to overcome her difficulties alone and unaided. On no account will they permit the attendance of a second person. I noticed several of these private maternity hospitals, each containing a woman and a newly born infant; and in one of unusually small dimensions, I discovered a bitch with a litter of puppies. I was extremely anxious to observe the phenomena of labor among these children of nature; but my services as accoucheur were firmly declined. I could not learn that Esquimaux women ever died in childbirth, or experienced much difficulty in their confinements; indeed, the remarkably broad and deep pelvis would indicate facility in labor. Their breasts, also, are unusually developed, though not to the extent observable among the Hottentots and Bushmen tribes of Southern Africa.—*Edin. Med. Jour.*

EXTIRPATION OF THE SPLEEN.—According to the report of the progress of M. Pean's successful case of extirpation of the spleen, it corroborates some of the results already obtained by Professor Schiff in his experiments on animals. Among these is the great increase of appetite. So voracious did the rats and dogs become after the experiments that they eagerly devoured their own spleens, which, after ligation of the vessels, had been left hanging out. It is found, too, that M. Pean's patient can run much better, without getting out of breath, confirming the French proverb, *courir comme un dératé!*—*Presse Belge—Medical Times and Gazette.*

PHOSPHORUS IN THE TREATMENT OF PARALYSIS.—M. Delpach, at the Hôpital Necker, has obtained the best results from the employment of phosphorus in paralysis. There are at present three cases in his wards submitted to this mode of treatment. In one case, the disease had been brought on by the prolonged employment of sulphide of carbon; in another, by the effects of cold; and in the third, by an attack of apoplexy. The phosphorus acted at first as an aphrodisiac, producing erections, and thus manifesting its peculiar effects on the genital organs; mobility and sensibility were then favorably modified without any apparent inconvenience attributable to the employment of the remedy.—*Lancet.*

WHAT IS SYPHILIZATION?—M. Langlebert gives the following aphoristic reply to this query: "Syphilization is the art of giving syphilis to those who have not got it, to recall it in those who no longer have it, and to eternize it in those who have it."—*Presse Belge.*

SIR RODERICK MURCHISON has been elected one of the eight foreign members of the French Academy of Sciences in the place of Professor Faraday.

THE ALBANY HOSPITAL.—The Governors of this Hospital, in recognition of the praiseworthy and successful efforts of Prof. James H. Arnaby in obtaining subscriptions to its funds, whereby the hospital building has lately been greatly improved and enlarged, have procured and presented to him four beautiful pieces of silver ware.

THE average daily number of patients in the Provincial Hospital for the Insane, Halifax, N. S., during the last year, was 167. Whole number under care during the year, 200. The recoveries were 19—or 44 per cent. on the admissions; the mortality 5—or 3 per cent. on the average number in the Hospital.

MEDICAL DIARY OF THE WEEK.

MONDAY, 8 A.M., Massachusetts General Hospital, Med. Clinic; 9 A.M., Medical Lecture. 9 A.M., City Hospital, Ophthalmic Clinic.

TUESDAY, 9 A.M., City Hospital, Medical Clinic; 10 A.M., Medical Lecture. 9 to 11 A.M., Boston Dispensary. 10-11 A.M., Massachusetts Eye and Ear Infirmary.

WEDNESDAY, 10 A.M., Massachusetts General Hospital, Surgical Visit. 11 A.M., OPERATIONS.

THURSDAY, 11 A.M., Massachusetts General Hospital, Clinical Surgical Lecture.

FRIDAY, 9 A.M., City Hospital, Ophthalmic Clinic; 10 A.M., Surgical Visit; 11 A.M., OPERATIONS. 9 to 11 A.M., Boston Dispensary.

SATURDAY, 10 A.M., Massachusetts General Hospital, Surgical Visit; 11 A.M., OPERATIONS.

A Bulletin of Expected Operations, in both the Hospitals, will be found, weekly, at the office of the Boston Medical and Surgical Journal, and at Messrs. Codman & Shurtlett's, 13 and 15 Tremont Street.

TO CORRESPONDENTS.—Communications accepted:—On the Fermentation Test for Sugar (without the wood-out).—On the Physiological Action of Caffein and Thein.—On Poisoning by Croton Oil.

BOOKS AND PAMPHLETS RECEIVED.—Sanitary Memoirs of the War of the Rebellion. Published by the Sanitary Commission: Contributions relating to the Cause and Prevention of Disease. Edited by Austin Flint, M.D. New York: Hurd & Houghton.—Sanitary Institutions during the Austro-Prussian-Italian Conflict; Conferences of the International Societies; Universal Exhibition Rewards, &c. &c. By Thomas W. Evans, M.D., author of The U. S. Sanitary Commission, Officer of the Legion of Honor, Surgeon-Dentist to the Emperor Napoleon III., &c. &c. Paris: Simon Ragon et Co. Printed for private distribution.—History and Description of an Ambulance Wagon. With Illustrations. By Thomas W. Evans, M.D. Paris: E. Briere. Printed for private distribution.

MARRIED.—At Waltham, April 13th, Leonard Woods, M.D., of Malden, to Miss Mary Elizabeth Thompson, of Waltham.

DEATHS IN BOSTON for the week ending Saturday noon, April 11th, 1868, 96. Males, 46—Females, 50.—Accident, 2—disease of the bowels, 1—disease of the brain, 4—inflammation of the brain, 2—bronchitis, 6—cancer, 2—cholera morbus, 1—chorea, 1—consumption, 13—convulsions, 4—croup, 1—cyanosis, 1—cystitis, 1—debility, 4—diphtheria, 3—dropsy of the brain, 4—dysentery, 1—erysipelas, 1—scarlet fever, 4—gangrene, 1—disease of the heart, 3—intemperance, 1—disease of the kidneys, 1—inflammation of the lungs, 5—marasmus, 2—old age, 5—paralysis, 2—peritonitis, 1—premature birth, 1—puerperal disease, 4—rheumatism, 1—scrofula, 1—stricture, 1—teething, 1—unknown, 3.

Under 5 years of age, 35—between 5 and 20 years, 14—between 20 and 40 years, 19—between 40 and 60 years, 11—above 60 years, 17. Born in the United States, 72—Ireland, 17—other places, 7.